

Wellness Coordination

Wellness Coordination means the development, maintenance and routine monitoring of the waiver participant's Wellness Coordination Plan and the medical services required to manage his/her health care needs. Wellness Coordination services extend beyond those services provided through routine doctor/health care visits required under the Medicaid State Plan and are specifically designed for participants requiring assistance of an RN/LPN to properly coordinate their medical needs. Face to face visits are defined as visits in which the provider meets one-on-one with the waiver participant and provides direct services. The provider will complete required documentation; at least quarterly or more frequently as specified in the ISP, that the medical status of the person was reviewed and evaluated. The review would ensure that the person's health care needs are being met, consistent with professional standards of care and that when errors/omissions are found they are documented and promptly corrected.

Tier I: Health care needs require at least weekly* consultation with RN/LPN including face to face visits once a month. In order to receive wellness coordination at this tier, an individual must have a health score of 5 or 6.

Tier II: Health care needs require at least weekly consultation with RN/LPN including face to face visits at least twice monthly. In order to receive wellness coordination at this tier, an individual must have a health score of 7, 8, or 9.

Tier III: Health care needs require at least twice weekly consultation with RN/LPN including face to face visits once a week. In order to receive wellness coordination at this tier, an individual must have a health score of 10.

*Weekly – a calendar week (Sunday – Saturday)

Conditions and Requirements: Necessity for Wellness Coordination services will typically be reserved for participants assessed with health scores of 5 or higher through the State's objective based allocation process. Participants assessed with health scores of 0-4 would not require assistance of an RN/LPN to coordinate medical needs. As medical events occur and/or a participant's medical needs change, the Individualized Support Team is expected to obtain reassessment for potential revision to the health score and to ensure utilization of the appropriate tier of services.

This service is intended for individuals living alone or living in the individual's family home. People receiving 24/7 residential supports receive wellness coordination as a part of that service and are not eligible to receive this service.

REIMBURSABLE ACTIVITIES:

Coordination of Wellness Services by the RN/LPN provider must include, but is not limited to the following:

- Completion of the State-approved risk assessment tool
- Development, oversight and maintenance of a Wellness Coordination plan
- Development, oversight and maintenance of the Risk Plan which includes:
Training of Direct Support Professionals to ensure implementation of Risk Plans
- Consultation with the individual's health care providers
- Face to face consultations with the individual as described in the support plan
- Consultation and training with the individual's support team

- Active involvement at all team meetings, reporting on the Wellness Coordination plan as it relates to the individual's full array of services as listed in the ISP.

Activities Not Allowed

Reimbursement for Wellness Coordination Services is not available under the following circumstances:

- Wellness Coordination services may not be provided by a provider of waiver funded Case Management services
- Residential, vocational, and/or educational services otherwise provided under other Supported Living services cannot be billed as Wellness Coordination services
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse
- Individuals may not receive Wellness Coordination services concurrently with Enhanced Residential Supports, Intensive Residential Supports-Behavioral, or Intensive Residential Supports - Medical

Provider types:

FSSA/DDRS Approved Wellness Coordination Agencies

Be either a registered nurse (RN) or a licensed practical nurse (LPN) under IC 25-23-1 working under the supervision of an RN, Nurse Practitioner or a licensed physician. Providers with credentials above the RN level may not receive a higher rate than that of an RN to provide this service.

- Must be enrolled as an active Medicaid provider
- Must be FSSA/DDRS-approved
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
 - 460 IAC 6-10-5 Criminal Histories,
 - 460 IAC 6-12 Insurance,
 - 460 IAC 6-11 Financial Status of Providers,
 - 460 IAC 6-14-5 Direct Care Staff Qualifications,
 - 460 IAC 6-14-4 Staff Training,
 - 460 IAC 6-5-14 Health Care Coordination Services** provider qualifications

**noting that Wellness Coordination is referred to as Health Care Coordination within 460 IAC 6
Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual and FSSA/DDRS BDDS Policy Manual

FSSA/DDRS Approved Wellness Coordination Individuals

Be either a registered nurse (RN) or a licensed practical nurse (LPN) under IC 25-23-1 working under the supervision of an RN, Nurse Practitioner or a licensed physician. Providers with credentials above the RN level may not receive a higher rate than that of an RN to provide this service.

- Must be enrolled as an active Medicaid provider
- Must be FSSA/DDRS-approved
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
 - 460 IAC 6-10-5 Criminal Histories,
 - 460 IAC 6-12 Insurance,
 - 460 IAC 6-11 Financial Status of Providers,

- 460 IAC 6-14-5 Direct Care Staff Qualifications,
- 460 IAC 6-14-4 Staff Training,
- 460 IAC 6-5-14 Health Care Coordination Services** provider qualifications

**noting that Wellness Coordination is referred to as Health Care Coordination within 460 IAC 6
Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual and FSSA/DDRS BDDS Policy Manual
Nurses rendering waiver funded services must obtain/maintain Indiana licensure.

Documentation standards:

Professional Standards:

Professional standards applicable to the professional licensing requirements (registered nurse (RN) or a licensed practical nurse (LPN) under IC 25-23-1 working under the supervision of an RN) and the individuals ISP as outlined in Policy Number: BDDS 460 1216 038

Advocare:

All participant information must be entered into Advocare, including demographic information, recording of vital signs, significant health history, personal history, physician orders, risk assessments including completion of the medical/health section of the State's Risk Assessment Tool in Advocare, examinations, and evaluations.

Vitals:

Vitals must be collected and recorded in Advocare quarterly for all individuals, regardless of tier, receiving Wellness Coordination Services. The six (6) Baseline data points to be recorded are:

- Height
- Weight
- Body Mass Index (BMI)
- Annual flu vaccination date
- Annual physical date
- Annual dental visit date

Wellness Assessment:

Individualized Support Teams (IST) must complete the Wellness Assessment* in Advocare.

Wellness Plan:

Following completion of the Wellness Assessment, IST's must complete a Wellness Coordination Plan with 14 days and upload it to Advocare within five days. The Wellness Coordination Plan* should include a description of the individual, identification of the individual's needs and risks, the history and current status of the individual as well as interventions, monitoring guidelines, documentation guidelines, notification guidelines, training and education, and health outcomes.

Risk Plan*:

Following development of a Wellness Plan, ISTs should develop a Risk Plan that is specific to

the individual's needs, goals, and outcomes. The state does not provide a template for development of Risk Plans.

*Wellness Assessments, Wellness Coordination Plans, and Risk Plans should be reviewed quarterly for outcomes and appropriateness of goals.

Additional Requirements:

- Documentation of face-to-face visits (per tier requirements)
- Documentation of weekly consultations/reviews (per tier requirements)
- Other activities, as appropriate (outlined in 460 IAC 6-25-3 Documentation of health care services received by an individual):
 - The date of health and medical services provided to the individual.
 - A description of the health care or medical services provided to the individual.
 - The signature of the person providing the health care or medical service for each date a service is provided.
 - Additional information and documentation required in this rule, including documentation of the following:
 - An organized system for medication administration.
 - An individual's refusal to take medication.
 - Monitoring of medication side effects.
 - Seizure tracking.
 - Changes in an individual's status.
 - An organized system of health-related incident management.
 - If applicable to this provider, an investigation of the death of an individual.
- Services must address needs identified in the person centered planning process and be outlined in the ISP.
- The provider of Wellness Coordination will provide a report to pertinent parties at least quarterly. "Pertinent parties" include the individual, guardian, BDDS service coordinator, waiver case manager, all service providers, and other entities associated with the IST.
 - The Wellness Assessment in Advocare must be reviewed and finalized quarterly, serving as the quarterly report. There is no need for a separate written report to be submitted by providers via the "Provider's Documents" area.

Providers may choose to upload documentation into the Advocare system that is not captured in the Wellness Assessment, Wellness Plan, or Risk Plans. All providers are responsible for maintaining documentation in the office and home files.